2131 MARYLAND STATE DEPARTMENT OF HEALTH 02115

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

Item 8 Film 6177 2-11-55 et

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Pocomoke; LENGTH OF STAY (In this place) 13 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 08

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke X; STREET ADDRESS (If rural, give location) R 7 Box 1

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Kate (Last) Allen

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: 1889 (?)

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Harry Conquest

14. MOTHER'S MAIDEN NAME: Caroline Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT: Mr R. L. Allen Melfa, Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage, Recurrent	Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hemiplegia Arteriosclerosis	3-4 yrs
	(c) Malnutrition & Inanition	6 mo.

331X

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Herman A Rabbitt (Degree or title) M.D. ADDRESS: Asst Taylor Bay & Berlin Md DATE SIGNED: 2/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 2/5/55; NAME OF CEMETERY OR CREMATORY: St Lukes; LOCATION (City, town, or county): Daugherty; (State): Va

DATE REC'D BY LOCAL REG. 2-4-55; REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Anna A Bunting ADDRESS: Berlin Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 7 1955
BUREAU V. S.

02116

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2132

CERTIFICATE OF DEATH

Reg. Dist. No. 357

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Newark; LENGTH OF STAY (In this place) 49 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 08

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY Worcester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newark; STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) M. (Last) Bounds

4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 24-186[illegible]

9. AGE last birthday: 90-9-11 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Snow Hill md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Dryden

14. MOTHER'S MAIDEN NAME: Katherine Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Alice Timmons Newark md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE — (A) DUE TO: Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO: Hypertensive Cardiovascular Disease — 15 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1944, to Feb 5, 1955, that I last saw the deceased alive on Feb 4, 1955, and that death occurred at 3:30 P M, from the causes and on the date stated above.

SIGNATURE Ruth LaMar M. D. ADDRESS Snow Hill DATE SIGNED 2-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb 8 55 | NAME OF CEMETERY OR CREMATORY Bates Cemetery | LOCATION (City, town, or county) (State) Snow Hill md

DATE REC'D BY LOCAL REGISTRAR Feb 7, 55 | REGISTRAR'S SIGNATURE Elwyn E. Cooper | 24. FUNERAL DIRECTOR Wilbert Timmons | ADDRESS Snow Hill, md

RECEIVED
FEB 9 1955
BUREAU V. S.

2133

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 02117

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin Md Rural; LENGTH OF STAY (in this place) Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Woods

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin Md Rt 2; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Edwin (Last) Dennis

4. DATE OF DEATH (Month) Feb (Day) 8 (Year) 1955

5. SEX M | **6. COLOR OR RACE:** W | **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): | **8. DATE OF BIRTH:** | **9. AGE last birthday:** 51 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Farmer | **10b. KIND OF BUSINESS OR INDUSTRY:** Own Mill | **11. BIRTHPLACE** (State or foreign country): Princess Anne Md | **12. CITIZEN OF WHAT COUNTRY?** U S A

13. FATHER'S NAME: James H. Dennis | **14. MOTHER'S MAIDEN NAME:** Mary Denston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war and dates of service) | **16. SOCIAL SECURITY No.:** none | **17. INFORMANT & ADDRESS:** Mrs. Mary Dennis Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH; 973.1

Immediate cause (a) Suicide by Poisonous Gas — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carbon monoxide gas — Exhaust

DUE TO

(c) Own Auto to interior of car,

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental depression due to worry over having a Stomach ulcer.

19a. DATE OF OPERATION: | **19b. MAJOR FINDING OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | **21b. PLACE** (Home, farm, factory, OF INJURY street, office bldg., etc.) Woods | **21c.** (City or town) near Berlin (County) Worcester (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ | **21f. HOW DID INJURY OCCUR?** Connected Car exhaust while in Closed car where he was.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. L. Dashiell M. D. — CHIEF MEDICAL EXAMINER ☒ / DEPUTY MEDICAL EXAMINER ☐ / ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 2/8/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2/10/55 | NAME OF CEMETERY OR CREMATORY Evergreen | LOCATION (City, town, or county) Berlin | (State) Md

DATE REC'D BY LOCAL REG. 2-14-55 | REGISTRAR'S SIGNATURE Helen F Hayward | **24. FUNERAL DIRECTOR** Irma A Burbage | ADDRESS Berlin Md

RECEIVED
FEB 16 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02118

2130 CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 912 Market St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) 912 Market St.

3. NAME OF DECEASED: (Type or Print) (First) MAMIE (Middle) E. (Last) HOLLAND

4. DATE OF DEATH: (Month) February (Day) 5 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: Sept 20, 1882
9. AGE last birthday: 72 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Tull
14. MOTHER'S MAIDEN NAME: Margaret Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Harry Coulbourne, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) A.C. Coronary Thrombosis — Interval between onset and death: Several minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive C.V. Disease — Several years

DUE TO (C) Arteriosclerosis, Severe — Several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiac Decompensation — Since Jan 31 1953

19A. DATE OF OPERATION: —0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Jan, 1955 to 5 Feb, 1955, that I last saw the deceased alive on 5 Feb, 1955, and that death occurred at 10:45 P.M. from the causes and on the date stated above.

SIGNATURE M. E. Sartorius Jr M.D. ADDRESS Pocomoke, Md DATE SIGNED 8 Feb 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2/8/55
NAME OF CEMETERY OR CREMATORY: Baptist Cemetery
LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: Feb. 8, 1955
REGISTRAR'S SIGNATURE: Anne E. White
24. FUNERAL DIRECTOR ADDRESS: Dennis & Watson, Pocomoke, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 10 1955
BUREAU V. S.

2134 Reg. A. file G177 2-28-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 0211?

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 S. Philadelphia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) 204 S. Philadelphia Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	BLAIR	MUNDORF	Feb	21	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Aug 7 1879	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Sign Painter	Advertising	York, Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John S. Mundorf	Jenny Audrey " Evans "

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	205 16 4678	Richard Mundorf.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion acute	12 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic C V D.	10 years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. Townsend. Jr M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Feb 21, 55.

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/23/55	Greenmount Cem.	York Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-21-55	Helen F Hayward	Emma A Burley	Berlin Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
FEB 25 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02120

2135

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill; LENGTH OF STAY (in this place) 3 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill; STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Ellen (Middle) L. (Last) Plaskie

4. DATE OF DEATH (Month) Feb. (Day) 11 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: May 4-1870

9. AGE last birthday 84 yrs 9 7 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Bristol Tenn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Snodgrass

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) No

16. SOCIAL SECURITY NO. (If Yes, give war or dates of service) None

17. INFORMANT & ADDRESS: Mrs Wm Shoemaker, Snow Hill Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/9, 1954, to 2/11., 1955, that I last saw the deceased alive on 2/11., 1955, and that death occurred at 7 20 P M, from the causes and on the date stated above.

SIGNATURE Thomas L. Jones M.D. ADDRESS Snow Hill, Md. DATE SIGNED 2/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Feb. 14/55 — NAME OF CEMETERY OR CREMATORY Mountain View — LOCATION (City, town, or county) Bristol Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 2-12-55 — REGISTRAR'S SIGNATURE Elwyn E. Cooper — 24. FUNERAL DIRECTOR Clayton Dennis — ADDRESS Snow Hill, Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02121

2136

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY WORCESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X OCEAN CITY
LENGTH OF STAY (in this place) 30 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WORCESTER
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OCEAN CITY
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) SACCA

4. DATE OF DEATH: (Month) FEB (Day) 14 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: JUNE 2, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MUSICIAN, REALATOR OWN BAND, OWN RESTAURANT ETC.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MESSINA, ITALY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN SACCA

14. MOTHER'S MAIDEN NAME: ANTONINA PAPANO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 218-20-5497

17. INFORMANT & ADDRESS: MRS. FRANK SACCA, OCEAN CITY MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 429.1

(A) Coronary occlusion acute — INTERVAL BETWEEN ONSET AND DEATH: 40 minutes

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic CVD — 7 years

DUE TO (C) Obesity — 20 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5:40 PM Feb 14, 1955 to Feb 14, 1955 that I last saw the deceased alive on Feb 14, 1955, and that death occurred at 5:40 PM, from the causes and on the date stated above.

SIGNATURE J. Townsend Jr. M. D. ADDRESS Ocean City, Md. DATE SIGNED Feb 16, 1955.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF FEB 18, 1955

NAME OF CEMETERY OR CREMATORY EVERGREEN

LOCATION (City, town, or county) BERLIN (State) MD

DATE REC'D BY LOCAL REGISTRAR 2-17-55

REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Irma A Bunting ADDRESS Berlin Md

RECEIVED
FEB 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02122

2137

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) X Stockton RFD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton R.F.D X 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) RUSSELL (Last) SHARPLEY

4. DATE OF DEATH: (Month) Feb. (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: June 26, 1893

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 7 Days 15 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATERMAN

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HILARY D SHARPLEY

14. MOTHER'S MAIDEN NAME. JANE DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) yes WORLD I

16. SOCIAL SECURITY NO. 223-14-0102

17. INFORMANT & ADDRESS. Mrs C.R. Sharpley Stockton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Carcinoma of Sigmoid with

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) wide dissemination Throughout

DUE TO (C) abdomen

INTERVAL BETWEEN ONSET AND DEATH: 3 mo

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1 Dec 1954

19B. MAJOR FINDINGS OF OPERATION: Same as above

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ..., 1954 to 2-10-55, 19.., that I last saw the deceased alive on 2-10-55, 19.., and that death occurred at 1030 P M, from the causes and on the date stated above.

SIGNATURE Paul Shaw M. D. ADDRESS Snow Hel Md DATE SIGNED 2-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF Feb. 13 1955

NAME OF CEMETERY OR CREMATORY Greenhaven Lle

LOCATION (City, town, or county) (State) Greenback, Lle Va.

DATE REC'D BY LOCAL REGISTRAR Feb 12, 55

REGISTRAR'S SIGNATURE Elwyn E. Cooper

24. FUNERAL DIRECTOR ADDRESS Wm M.C. Shields New Church Va.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02123

2138 **CERTIFICATE OF DEATH** Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Berlin | LENGTH OF STAY (In this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin X
STREET ADDRESS (If rural give location) Main St

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Mary (Last) Gilbert

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Oct. 15, 1883 | 9. AGE last birthday 71 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Berlin Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Minos Burbidge | 14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mr Edw L. Gilbert Berlin Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.2

(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chr Nephritis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24 1954 to Feb 6, 1955 that I last saw the deceased alive on Feb 4, 1955, and that death occurred at 2.30 P.M. from the causes and on the date stated above.

SIGNATURE Chas. R. Lawn M. D. ADDRESS Berlin Md DATE SIGNED Feb 7 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/8/55 | NAME OF CEMETERY OR CREMATORY Riverside | LOCATION (City, town, or county) (State) Berlin R.F.D. Md

DATE REC'D BY LOCAL REGISTRAR 2-8-55 | REGISTRAR'S SIGNATURE Helen I Hayward | 24. FUNERAL DIRECTOR Elmer H. Gilbert | ADDRESS Berlin Md

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2139

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02124
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Worcester Co MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RURAL Berlin
LENGTH OF STAY (in this place) TRANSIENT
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 50 At Intersection with Race Track Road Family E. Berlin State 589

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del COUNTY Sussex
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RURAL. 46 x 3
STREET ADDRESS (If rural, give location) R 2 Rt 113 Selbyville Del

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) "M" (Last) LAYTON TIMMONS

4. DATE OF DEATH (Month) Feb (Day) 21 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 12/23/84

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland Wor. Co.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: JAMES TIMMONS

14. MOTHER'S MAIDEN NAME: LUCINDA EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 222-01-6490A

17. INFORMANT & ADDRESS: Mrs Mary Marie Rogers Daughter R 2 Berlin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 819X Fracture, Skull (Auto Accident) DUE TO — Interval Between Onset and Death: Instantly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State Road 50

21c. (City or town) R 2 Berlin (County) Wor. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb 21 55 2:20 P. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Automobile Collision

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. Townsend. Jr M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Feb 21, 55.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-23-55	P.O.F.	Bishopville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-23-55	Helen F Hayward	Peter Wholey	Selbyville, Del.

VS. A15A - 5 - 53

RECEIVED
FEB 28 1955
BUREAU V. S.

02125

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2140

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Snow Hill
LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) Anna (Last) Wharton

4. DATE OF DEATH: (Month) Feb (Day) 4 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Caland | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Feb 1 1885 | 9. AGE last birthday: 70-0-3 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Accomoke City, Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Douglas | 14. MOTHER'S MAIDEN NAME: Cora Gillet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT & ADDRESS: Mr Hubert S. Wharton, Dudleytown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr.

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive Cardiovascular Disease — 10 yr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

420.1

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Feb 4, 1955, that I last saw the deceased alive on Feb 4, 1955, and that death occurred at 2A M, from the causes and on the date stated above.

SIGNATURE Beulah LaMar M.D. ADDRESS Snow Hill DATE SIGNED 2-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb 7/55 | NAME OF CEMETERY OR CREMATORY Coal Spring | LOCATION (City, town, or county) (State) Dudleytown, Md

DATE REC'D BY LOCAL REGISTRAR Feb 7, 55 | REGISTRAR'S SIGNATURE Elwyn E. Cooper | 24. FUNERAL DIRECTOR Clayton Timmons | ADDRESS Snow Hill, Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 9 1955
BUREAU V. S.